

**CLAIMS COLLECTION LITIGATION REPORT (CCLR)**

*NOTE: See instructions that are included separately. Additional copies may be requested from VACO (047G7).*

**THE CLAIM AT A GLANCE**

3. TO (Use complete address)

4. FROM (Use complete address)

5. DEBTOR'S NAME AND ADDRESS (If a **FORECLOSURE**, insert address of property here so claim will be referred to USAO where property is located.)

6. DEBTOR'S SSN/EIN

7. DEFAULT DATE

8. SOL EXPIRATION DATE

9. BASIS FOR SOL EXPIRATION DATE

10. REFERRED FOR

- ☐ ENFORCED COLLECTION ☐ JUDGMENT LIEN ONLY ☐ RENEW JUDGMENT LIEN ONLY ☐ RENEW JUDGMENT LIEN AND ENFORCE COLLECTION ☐ PROGRAM ENFORCEMENT
- ☐ FORECLOSURE ONLY ☐ FORECLOSURE AND DEFICIENCY JUDGMENT ☐ DOJ CONCURRENCE FOR COMPROMISE (4 CFR 103) ☐ DOJ CONCURRENCE FOR SUSPENSION (4 CFR 104) ☐ DOJ CONCURRENCE FOR TERMINATION (4 CFR 104)

10A. DEBTOR BANKRUPTCY

☐ DEBTOR IN BANKRUPTCY - CHAPTER ☐ 7 ☐ 11 ☐ 12 ☐ 13

11A. TOTAL PRINCIPAL DUE

\$

DATE INTEREST DUE THROUGH

11C. TOTAL ADMIN. CHARGES DUE

\$

11D. TOTAL PENALTY CHARGES DUE

\$

11E. TOTAL AMOUNT OF CLAIM

\$

12. ANNUAL RATE OF INTEREST

%

13. COMPROMISE AMOUNT OR %

%

14. BASIS OF CLAIM

- ☐ CLAIM EVIDENCED BY NOTE, GUARANTY, OR SURETY OBLIGATION
- ☐ CLAIM NOT EVIDENCED BY NOTE BUT BY THE FOLLOWING STATUTE OR REGULATION:

15. AGENCY CONTACT

NAME

PHONE NUMBERS (FTS and Commercial)

**THE INDIVIDUAL DEBTOR**

16. DEBTOR'S FULL NAME

17. AKA

18. DATE OF BIRTH

19. HOME PHONE NO. (Include Area Code)

20. EMPLOYER'S NAME AND ADDRESS

21. DEBTOR'S JOB TITLE

22. WORK PHONE NO. (Include Area Code)

23. DEBTOR'S SALARY

\$

☐ GROSS☐ NET☐ WEEKLY☐ BIWEEKLY☐ MONTHLY☐ ANNUALLY24. BEST PLACE FOR MARSHAL TO SERVE PROCESS BY PERSONAL DELIVERY (**DO NOT** give P.O. Box)

- ☐ HOME ☐ WORK ☐ OTHER (Specify)

25. NAME OF PERSON WHO VERIFIED ABOVE DATA, DATE VERIFIED, AND HOW VERIFIED

**THE COMPANY DEBTOR**

**NOTE:** If this claim is to collect a debt owed by an entity other than an individual person, such as a company, partnership, corporation, etc., additional information will be required. In such cases, insert the data called for in blocks 26-33 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.

26. DEBTOR'S FULL NAME

27. DEBTOR'S ADDRESS

28. DBA

29. PHONE NO. (Include Area Code)

30. TYPE OF BUSINESS

31. DATE AND STATE OF INCORPORATION

32. NAME, ADDRESS AND PHONE NUMBER <i>(Include Area Code)</i> OF SERVICE AGENT		33. NAME OF PERSON WHO VERIFIED ABOVE COMPANY DEBTOR DATA, DATE VERIFIED, AND HOW VERIFIED	
<b>CO-DEBTOR(S) / GUARANTOR(S) / CO-SIGNER(S)</b>			
34. FULL NAME(S)	35. SSN/EIN	36. AKA	37. DATE OF BIRTH
38. HOME ADDRESS AND PHONE NO. <i>(Include Area Code)</i>		39. EMPLOYER'S NAME AND ADDRESS	
40. WORK PHONE NO. <i>(Include Area Code)</i>		43. BEST PLACE FOR MARSHAL TO SERVE PROCESS BY PERSONAL DELIVERY <i>(DO NOT give P.O. Box)</i> <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <i>(Specify)</i>	
41. CO-DEBTOR'S JOB TITLE			
42. SALARY <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/> GROSS \$ <input type="checkbox"/> NET             </div> <div style="text-align: center;"> <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY             </div> <div style="text-align: center;"> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY             </div> </div>			
44. BASIS OF LIABILITY		45. NAME OF PERSON WHO VERIFIED ABOVE DATA ON CO-DEBTOR(S)/CO-SIGNER(S), DATE VERIFIED, AND HOW VERIFIED	
<b>FORECLOSURES</b>			
<b>NOTE:</b> If this claim is referred for foreclosure only or foreclosure and a deficiency judgment, the following additional data will be required. In such cases, insert the data called for in blocks 46 - 50 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.			
46. DEBTOR'S ADDRESS		47. MORTGAGE RECORDING INFORMATION	
		COUNTY	DATE OF RECORDING
		VOLUME <i>(Liber)</i>	PAGE NUMBER <i>(Folio)</i>
48. PROPERTY OCCUPANCY  DEBTOR RESIDES ON PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO  PROPERTY IS ABANDONED <input type="checkbox"/> YES <input type="checkbox"/> NO  PROPERTY OCCUPIED BY TENANT <input type="checkbox"/> YES <input type="checkbox"/> NO		49. IF RECOVERY OF CHATTELS IS INCLUDED IN THE FORECLOSURE, LIST THE CHATTELS HERE AND PROVIDE MORE DETAILED INFORMATION ON THE CCLR SUPPLEMENTARY DATA SHEET	
50. LIST OTHER FEDERAL LIENS AGAINST PROPERTY			
<b>DEBTOR'S ABILITY TO PAY</b>			
51. THE DEBTOR/CO-DEBTOR OWNS OR IS BUYING THE FOLLOWING REAL ESTATE OR OTHER PROPERTY <i>(cars, boats, etc.)</i>		52. ASSETS IN WHICH THE GOVERNMENT HAS A SECURED INTEREST	
53. OTHER ASSETS <i>(savings/checking accounts, provide bank and/or credit union name(s) and address(es) and account number(s); deceased debtor's estate, provide administrator/executor information; other sources of income)</i>			
<b>AGENCY CLAIM HISTORY</b>			
54. DATE OF LAST DEMAND FOR PAYMENT TO DEBTOR AND SUMMARY OF DEBTOR'S RESPONSE		55. DETAILS OF ANY COMPROMISE OR SETTLEMENT OFFERS MADE BY, OR TO, THE ' DEBTOR AND ANY RESPONSES THERETO	
56. SUMMARY OF COLLECTION ACTIONS TAKEN BY AGENCY			

**ADDITIONAL INFORMATION**

57. FOR HHS LOANS: MEDICAL OR OTHER PROFESSIONAL ASSOCIATION LOCATOR DATA

58. ADDITIONAL AGENCY COMMENTS

**59. AGENCY CHECK LIST: CCLR PACKAGE MUST CONTAIN:****IN GENERAL**

- ☐ CCLR  
☐ CERTIFICATE OF INDEBTEDNESS  
☐ CREDIT REPORT  
☐ PAYMENT HISTORY, IF ANY  
☐ ORIGINAL NOTES OR OTHER EVIDENCE OF DEBT,  
INCLUDING ASSIGNMENTS, IF ANY  
☐ SUMMARY OF COLLECTION ACTIONS TAKEN BY AGENCY

**DEBTOR IN BANKRUPTCY**

- ☐ PROOF OF CLAIM, OR COPY THEREOF, ATTACHED

**FOR FORECLOSURES**

- ☐ CCLR  
☐ CREDIT REPORT  
☐ ORIGINAL PROMISSORY NOTE  
☐ ORIGINAL REAL ESTATE MORTGAGE  
☐ ORIGINAL STATEMENT OF ACCOUNT/AFFIDAVIT OF AMOUNT DUE  
☐ TITLE EVIDENCE, IF AVAILABLE  
☐ DIRECTIONS TO PROPERTY IF NO STREET ADDRESS AVAILABLE  
☐ CHATTEL LIEN SEARCHES IF CHATTELS INVOLVED

Use this space to provide any additional information which might help locate those from whom the claim might be collected and any assets which might be available to satisfy a judgment in favor of the United States. Please indicate the number(s) of the block(s) on the CCLR which any additional data is intended to supplement.

ACKNOWLEDGMENT FORM

AGENCY CLAIM NO.

(FOLD HERE)

DOJ/USAO ACKNOWLEDGMENT TO AGENCY	
60. DEBTOR'S FULL NAME	
61. AGENCY CLAIM NO.	
62. DOJ/USAO NUMBER	
63. RECEIVED BY DOJ/USAO ON	
64. RECEIVED AT DOJ/USAO BY	
65. QUESTIONS? CONTACT: <i>(Print name and phone number, including Area Code of DOJ/USAO contact)</i>	

(FOLD HERE)

66.

67.

<b>United States Bankruptcy Court</b>		<b>PROOF OF CLAIM</b>	
District of _____		CASE NUMBER _____	
IN RE (Name of Debtor) _____			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. section 503.			
NAME OF CREDITOR (The person or entity to whom the debtor owes money or property) _____		<div><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</div> <div><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</div> <div><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</div>	
NAME AND ADDRESSES WHERE NOTICES SHOULD BE SENT _____			
TELEPHONE NO. _____			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____		CHECK HERE IF THIS CLAIM: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS A PREVIOUSLY FILED CLAIM, DATED: _____	
<div>1. BASIS FOR CLAIM:</div> <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><div><input type="checkbox"/> GOODS SOLD</div><div><input type="checkbox"/> SERVICES PERFORMED</div><div><input type="checkbox"/> MONEY LOANED</div><div><input type="checkbox"/> PERSONAL INJURY/WRONGFUL DEATH</div><div><input type="checkbox"/> TAXES</div><div><input type="checkbox"/> OTHER (Describe briefly) _____</div></div><div style="width: 48%;"><div><input type="checkbox"/> RETIREE BENEFITS AS DEFINED IN 11 U.S.C. SECTION 1114(a)</div><div><input type="checkbox"/> WAGES, SALARIES, AND COMPENSATIONS (Fill out below)</div><div>YOUR SOCIAL SECURITY NUMBER _____</div><div>UNPAID COMPENSATIONS FOR SERVICES PERFORMED</div><div>FROM _____ (Date) TO _____ (Date)</div></div></div>			
2. DATE DEBT WAS INCURRED _____		3. IF COURT JUDGMENT, DATE OBTAINED: _____	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<div><input type="checkbox"/> SECURED CLAIM \$ _____</div> <div>ATTACH EVIDENCE OF PERFECTION OF SECURITY INTEREST</div> <div>BRIEF DESCRIPTION OF COLLATERAL:</div> <div><input type="checkbox"/> REAL ESTATE <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER (Describe briefly) _____</div> <div>AMOUNT OF ARREARAGE AND OTHER CHARGES INCLUDED IN SECURED CLAIM ABOVE, IF ANY \$ _____</div> <div><input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____</div> <div>A CLAIM IS UNSECURED IF THERE IS NO COLLATERAL OR LIEN ON PROPERTY OF THE DEBTOR SECURING THE CLAIM OR TO THE EXTENT THAT THE VALUE OF SUCH PROPERTY IS LESS THAN THE AMOUNT OF THE CLAIM.</div>		<div><input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____</div> <div>SPECIFY THE PRIORITY OF THE CLAIM.</div> <div><input type="checkbox"/> WAGES, SALARIES, OR COMMISSIONS (UP TO \$2000), EARNED NOT MORE THAN 90 DAYS BEFORE FILING OF THE BANKRUPTCY PETITION OR CESSATION OF THE DEBTOR'S BUSINESS, WHICHEVER IS EARLIER) - 11 U.S.C. SECTION 507(a)(4)</div> <div><input type="checkbox"/> CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN - U.S.C. SECTION 507 (a)(4)</div> <div><input type="checkbox"/> UP TO \$900 OF DEPOSITS TOWARD PURCHASE, LEASE, OR RENTAL OF PROPERTY OR SERVICES FOR PERSONAL, FAMILY, OR HOUSEHOLD USE - 11 U.S.C. SECTION 507(a)(6)</div> <div><input type="checkbox"/> TAXES OR PENALTIES OF GOVERNMENTAL UNITS - 11 U.S.C. SECTION 507(a)(7)</div> <div><input type="checkbox"/> OTHER - 11 U.S.C. SECTION 507(a)(2), (a)(5) - (DESCRIBE BRIEFLY) _____</div>	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED			
\$ _____ (UNSECURED)		\$ _____ (SECURED)	
		\$ _____ (PRIORITY)	
		\$ _____ (TOTAL)	
<input type="checkbox"/> CHECK THIS BOX IF CLAIM INCLUDES PREPETITION CHARGES IN ADDITION TO THE PRINCIPAL AMOUNT OF THE CLAIM. ATTACH ITEMIZED STATEMENT OF ALL ADDITIONAL CHARGES.			
6. CREDITS AND SETOFFS: THE AMOUNT OF ALL PAYMENTS ON THIS CLAIM HAS BEEN CREDITED AND DEDUCTED FOR THE PURPOSE OF MAKING THIS PROOF OF CLAIM. IN FILING THIS CLAIM, CLAIMANT HAS DEDUCTED ALL AMOUNTS THAT CLAIMANT OWES TO DEBTOR.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, SUCH AS PROMISSORY NOTES, PURCHASE ORDERS, INVOICES, ITEMIZED STATEMENTS OF RUNNING ACCOUNTS, CONTRACTS, COURT JUDGMENTS, OR EVIDENCE OF SECURITY INTERESTS. IF THE DOCUMENTS ARE NOT AVAILABLE, EXPLAIN. IF THE DOCUMENTS ARE VOLUMINOUS, ATTACH A SUMMARY.			
8. TIME-STAMPED COPY: TO RECEIVE AN ACKNOWLEDGEMENT OF THE FILING OF YOUR CLAIM, ENCLOSE A STAMPED, SELF-ADDRESSED ENVELOPE AND COPY OF THIS PROOF OF CLAIM.			
DATE _____		SIGN AND PRINT THE NAME AND TITLE, IF ANY, OF THE CREDITOR OR OTHER PERSON AUTHORIZED TO FILE THIS CLAIM (Attach copy of power of attorney, if any.) _____	

**AGENCY NAME  
CITY AND STATE**

**CERTIFICATE OF INDEBTEDNESS**

**DEBTOR(S) NAME(S) AND  
ADDRESS(ES)**

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**TOTAL DEBT DUE UNITED STATES AS OF** \_\_\_\_\_ : \$ \_\_\_\_\_ .

I certify that \_\_\_\_\_ records show that the debtor(s) named above is/are indebted to the United States in the amount stated above, plus additional interest on the principal balance of \$ \_\_\_\_\_ from \_\_\_\_\_ at the annual rate of \_\_\_\_\_ %. Interest accrues on the principal amount of this debt at the rate of \$ \_\_\_\_\_ per day.

**CERTIFICATION:** Pursuant to 28 USC section 1746, I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name and Title)